

REQUEST

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24 JUNE 2003 International Filing Date	(24/06/03)
	OR INDUSTRIAL PROPERTY ONAL APPLICATION
Name of receiving Office and "	PCT International Application"

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	NATIONAL INSTITUTE FOR INDUSTRIAL PROPERTY PCT INTERNATIONAL APPLICATION Name of receiving Office and "PCT International Application"			
	Applicant's or agent's file reference (if desired) (12 characters maximum) 5492			
Box No. I TITLE OF INVENTION Microcapsules for the delayed and controlled release of perindopril				
Box No. II APPLICANT This person is also inventor				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) LES LABORATOIRES SERVIER 12, Place de La Défense 92415 COURBEVOIE Cedex [FRRNCE]		Telephone No. 01.55.72.60.00		
		Facsimile No. 01.55.72.72.13		
		Teleprinter No.		
		Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country) FR	(ry) of residence:		
		the United States of America only	the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HUET DE BAROCHEZ, Bruno 38, rue des Grands Champs 45140 INGRE FRANCE		This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	untry) of nationality: State (that is, country) of residence: FR			
This person is applicant for the purposes of: all designated all designate the United S		the United States of America only	the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated of	on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE				
The person identified below is hereby/has been appointed to act of the applicant(s) before the competent International Authorities		agent	common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. 01.55.72.60.00				
LES LABORATOIRES SERVIER 12, Place de La Défense	Facsimile No. 01.55.72.72.13			
92415 COURBEVOIE Cedex FRANCE		Teleprinter No.		
		Agent's registrat	ion No. with the Office	
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.				